

GANDHINAGAR | HYDERABAD | DELHI BHUBANESWAR | SHILLONG | BENGALURU

Nomination/ Application form with required documents should be posted to:

Academics Team,

Indian Institute of Public Health-Delhi, 3rd Floor, KIIT College of Engineering KIIT College Campus, Sohna Road-Mumbai Expressway, Bhondsi (Near Maruti Kunj) Gurugram-122102, Haryana | INDIA

Phone:+91-7042073761

E-mail: acad@phfi.org, URL: www.phfi.org

Designation

Employment

INDIAN INSTITUTE OF PUBLIC HEALTH (IIPH) – DELHI NCR, GANDHINAGAR (Gujarat), BHUBANESWAR (Odisha) & HYDERABAD (Telangana)

NOMINATION / APPLICATION FORM POST GRADUATE DIPLOMA IN PUBLIC HEALTH MANAGEMENT (PGDPHM) 2023-24

(To be filled in by the nominee / applicant in capital letters)

Name of Organisation

Current

Past

Affix a passpor
size photograph
here

NAME & SURNAME:					
GENDER: M □ F□	AGE:	DATE OF BIRT	H:NATIO	ONALITY: _	
Categories: SC ☐ ST	OBC F	PHC/VHC/Hearing imp	aired 🗌 General 📗		
ACADEMIC BACK	GROUND				
Level of academic qualification	Degree	Board/University	College/Institution of Affiliation	Year of Passing	Final Percentage/Grade/Class
Class X	N/A				
Class XII	N/A				
Bachelors/Undergraduate Degree					
Masters/Post Graduate Degree or any other equivalent qualification					
Any additional Qualification/Training					
LIST OF RECENT	ACADEMIC A	WARDS/ACHIEVEN	MENTS:		
WORK EXPERIENCE Total work experien	_				
					Duration of

DESCRIPTION OF F	PRESENT RESPONSIBILITY:
ENCLOSURES:	
	promy applies of all goodomic statements
Copy of CV	ssary copies of all academic statements
* *	eferees (2 academic/1 professional)
 Statement of purpose 	e (This needs to be a 250-500 word summary stating professional goals and
career plans includin	g plans and expectations in pursuing this Diploma Program)
* THE LAST DATE	FOR ACCEPTING APPLICATIONS IS 31st July, 2023.
(PLEASE TICK ONE O	F THE FOLLOWING):
	didates. Please give your preference for the institute
☐ IIPH Delhi	☐ IIPH Gandhinagar ☐ IIPH Hyderabad ☐ IIPH Bhubaneswar
_	r's address Iunication: ————————————————————————————————————
TOR COMM	
	CITY:
	COUNTRY:
DUON	PINCODE:
PHON	E (Residence):
	FAX:
	MOBILE:
	EMAIL:
Date:	Signature